

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4214HPC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/21/2010
NAME OF PROVIDER OR SUPPLIER VIRGIN VALLEY HOSPICE			STREET ADDRESS, CITY, STATE, ZIP CODE 315 CALAIS DR STE B MESQUITE, NV 89027		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Relicensure Focused Survey conducted in your facility on 9/20/10 through 9/22/10, in accordance with Nevada Administrative Code, Chapter 449, Provision of Hospice Care.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Thirteen patient files were reviewed. One Bereavement file was reviewed. Twenty employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	L 000			
L 057 SS=D	<p>449.0184 GOVERNING BODY REQUIRED; DUTIES OF GOVE</p> <p>Every facility which provides a program of hospice care must have a governing body which shall:</p> <p>2. Ensure that all services provided by the program of hospice care are consistent with accepted standards of practice for the care of the patients.</p>	L 057			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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L 057	Continued From page 1 This Regulation is not met as evidenced by: Based on record review, policy review and staff interview, the agency governing body failed to ensure that services provided by the program were consistent with the patient's wishes for 1 of 14 patients. (Patient #7). 1. On 9/20-21/10, review of the agencies policy titled Home Health Services, Inc. (including Virgin Valley Home care & Hospice) Advanced Directive - Do Not Resuscitate Policy did not address the requirement to have a copy of the patient's Advanced Directives and the Power of Attorney (for Healthcare decisions), if such documents have been executed, in the record to ensure the patient's wishes will be honored. 2. On 9/20-22/10, review of patient records revealed absence of documentation of the patient's designation of a power of attorney (for healthcare decisions) for patient #7, Scope: 2 Severity: 1	L 057			
L 064 SS=D	449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE A program of hospice care must comply with the following requirements: 7. Home health aide and homemaker services must be available to each patient and provided at intervals which meet the needs of each patient. A registered nurse must: (a) Supervise the persons providing such services; and (b) Prepare written instructions for the persons providing such services which identify the duties they are to perform.	L 064			

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L 064	Continued From page 2 This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide supervision of the certified nursing assistant at least every 14 days by a registered nurse for 2 of 14 patients. (Patient #2 and #6) 1. The record of Patient #2 lacked documented evidence that a supervisory visit of the certified nursing assistant was done between 7/30/10 and 8/18/10, a 19 day period of time. 2. The record of Patient #6 lacked documented evidence that a supervisory visit of the certified nursing assistant was done between 8/24/10 and 9/14/10, a 21 day period of time. Scope: 2 Severity: 1	L 064			
L 069 SS=E	449.0186 REQUIREMENTS FOR PLAN OF CARE 2. A plan of care must: (c) State the scope and frequency of each service to be provided to the patient and members of his family. This Regulation is not met as evidenced by: Based on clinical record review and staff interview, the agency failed to provide services as ordered, by the physician, for each discipline on the plan of care. The visits provided to the patients did not meet the ordered frequency and duration on the plan of care for all patient records reviewed. (Patient #2, #6, #7, #11 and #12) Seven clinical records were reviewed for compliance to physician's orders regarding frequency of visits by the following disciplines: skilled nursing (SN), home health aide (HHA),	L 069			

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L 069	Continued From page 3 spiritual care provider (SC) and Medical Social Worker (MSW). The record for Patient #2 lacked documented evidence that the Volunteer made visits after the care plan was revised on 8/18/10 to a frequency of 1-4 visits a month. The records for Patient #7 and Patient #8 lacked documented evidence that the care plan for the Home Health Aid (HHA) listed a frequency. The records for Patient #6, Patient #10, Patient #11 and Patient #12 lacked documented evidence of ordered frequencies for visits of all disciplines beginning 7/22/10 due to a change in software program. Scope: 2 Severity: 2	L 069			
L9999	FINAL OBSERVATIONS NAC 441A.375(3) Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux	L9999			

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L9999	<p>Continued From page 4</p> <p>tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>NAC 441A.375(4) An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>NAC 441A.375(6) Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in " Tuberculosis: What the Physician Should Know. "</p> <p>TB Testing Requirements</p> <p>NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be placed in Acid-fast bacilli (AFB) isolation and cared for in accordance with Acid-fast bacilli (AFB) precautions set forth in " Centers for Disease Control Guidelines for Isolation Precautions in Hospitals " and the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in " Guidelines for Preventing the Transmission of Tuberculosis in Health-Care</p>	L9999			

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L9999	<p>Continued From page 5</p> <p>Settings, with Special Focus on HIV-Related Issues. "</p> <p>2. A medical facility or facility for the dependent shall maintain surveillance of employees of the facility for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control for preventing the transmission of tuberculosis in facilities providing health care set forth in " Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues. "</p> <p>3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has no documented history of a 2-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical</p>	L9999			

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L9999	<p>Continued From page 6</p> <p>evaluation for active tuberculosis.</p> <p>6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in " Tuberculosis: What the Physician Should Know. "</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92)</p> <p>Based on record review and staff interview, the agency failed to provide tuberculosis testing as required under NAC 441A.375 (Employee #1 and #20).</p> <p>Employee #1's personnel file lacked documented evidence of a chest x-ray to evaluate for the presence of active Tuberculosis infection.</p> <p>Employee #2"s personnel file lacked documented evidence of TB screening as required.</p> <p>Severity: 2 Scope: 1</p>	L9999			

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